

03500.011277.1



PATENT APPLICATION

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAY 14 2003

In re Application of:

HISASHI KAWAI

Application No.: 09/580,588

Filed: May 30, 2000

For: IMAGE INPUT APPARATUS

Examiner: S. Wallace

Group Art Unit: 2671

May 12, 2003

Technology Center 2600

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Match and Return

**PRELIMINARY AMENDMENT AND FIRST
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

The present Amendment has been prepared in accordance with the Revised Format established by the U.S. Patent and Trademark Office, as permitted in the Pre-OG Notice entitled "Amendments in a Revised Format Now Permitted."

Prior to examination on merits, please amend the above-identified application as follows:



In re Application of:

HISASHI KAWAI

Application No.: 09/580,588

Filed: May 30, 2000

For: IMAGE INPUT APPARATUS

Docket No.: 03500.011277.1

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MAY 14 2003

Examiner: S. Wallace Technology Center 2600

Group Art Unit: 2672

Date: May 12, 2003

MAIL STOP RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

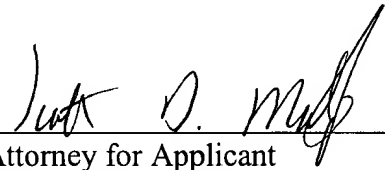
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	3	MINUS	3	= 0	x \$42 \$84	\$ -0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Scott D. Malpede
Registration No. 32,533

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30 Rockefeller Plaza
New York, New York 10112-3801
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